

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																									
1. Date of Request: _____		2. Serial/Patent # 10/521299																							
3. Please refund the following fee(s):		4. PAPER NUMBER	5. DATE FILED	6. AMOUNT																					
<input type="checkbox"/>	Filing	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 100px;"> <small>FEE VALUE ACCOMPLISHMENT DEPOSIT ACCOUNT NO.</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>FEE CODE</small></td> <td style="width: 50%;"><small>VALUE FURNISHED</small></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div>	<small>FEE CODE</small>	<small>VALUE FURNISHED</small>																				\$	
<small>FEE CODE</small>	<small>VALUE FURNISHED</small>																								
<input type="checkbox"/>	Amendment		\$																						
<input type="checkbox"/>	Extension of Time		\$																						
<input type="checkbox"/>	Notice of Appeal/Appeal		\$																						
<input type="checkbox"/>	Petition		\$																						
<input type="checkbox"/>	Issue		\$																						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$																						
<input type="checkbox"/>	Maintenance		\$																						
<input type="checkbox"/>	Assignment		\$																						
<input type="checkbox"/>	Other		\$																						
		7. TOTAL AMOUNT OF REFUND		\$100.00																					
		8. TO BE REFUNDED BY:																							
10. REASON:		Treasury Check																							
<input type="checkbox"/>	Overpayment	Credit Deposit A/C #:																							
<input type="checkbox"/>	Duplicate Payment	9. <div style="border: 1px solid black; display: inline-block; padding: 2px;">19--0134</div>																							
<input type="checkbox"/>	No Fee Due (Explanation):																								
11. REFUND REQUESTED BY:																									
TYPED/PRINTED NAME: <u>William Alvarez</u>		TITLE: _____																							
SIGNATURE: _____		PHONE: _____																							
OFFICE: <u>(703) 365-6421</u>																									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																									
APPROVED: _____		DATE: _____																							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: